

**STATE OF UTAH**  
**DIVISION OF FACILITIES CONSTRUCTION AND MANAGEMENT**  
**ROOFING CONTRACTOR INFORMATION**

**Submitted To:** **Darrell Hunting – Roofing Program Manager**  
**State Of Utah – Division of Facilities Construction and Management**  
**4110 State Office Building – Salt Lake City, Utah 84114**

**Submitted By:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**1 ABOUT YOUR COMPANY**

1.1 What is your form of business organization?

☐ C-Corporation    ☐ S-Corporation    ☐ Partnership    ☐ Sole Proprietorship    ☐ Limited Liability Company

1.2 Please answer the following depending on your company's business organization:

**Corporation**

Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Vice President's name(s): \_\_\_\_\_

Secretary's name: \_\_\_\_\_

Treasurer's name: \_\_\_\_\_

**Partnership/proprietorship**

Date of organization: \_\_\_\_\_

Names and addresses of all partners (state whether general or limited partnership) or sole proprietor: \_\_\_\_\_

\_\_\_\_\_

**Limited Liability Company (LLC)**

Date of organization: \_\_\_\_\_

Names and addresses of all principals: \_\_\_\_\_

\_\_\_\_\_

1.3 If other than a corporation, sole proprietorship, partnership or LLC, describe the type of company and name principals.

\_\_\_\_\_

- 1.4 List categories in which your company is legally qualified to do business in Utah and indicate license numbers.

| Contractor's License # | Exp. Date | Category/ License type |
|------------------------|-----------|------------------------|
| _____                  | _____     | _____                  |
| _____                  | _____     | _____                  |
| _____                  | _____     | _____                  |

- 1.5 Please provide the name of your general liability insurance company, along with name, phone number and address of your agent.

Company Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- 1.6 What is your current coverage limit? \_\_\_\_\_

## 2 ABOUT YOUR WORK

- 2.1 What kind of roofing work does your company perform? Check all that apply.

☐ Built-up ☐ Steep slope roofing ☐ Single-ply  
☐ Sheet Metal ☐ Sprayed Polyurethane Foam ☐ Waterproofing  
☐ Roof maintenance and leak repairs  
☐ Other explain \_\_\_\_\_

If your company would like to be placed on a rotation for roof maintenance and leak repairs, you must agree too and sign the contractor roof maintenance and leak repair agreement at the end of this statement.

Contractor understands that this Information Statement does not pre-qualify their company nor will it disqualify their company from doing roofing type work for the DFCM. This is simply information that the DFCM will keep on file. DFCM does request that contractor notify DFCM of any change in this information. **Contractor understands that submitting this statement is not a guarantee of work.**

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**Roof Maintenance and Leak Repair Agreement**

Contractors wishing to be placed on a rotation list for roof maintenance and leak repairs must agree to the following terms.

1. Man-hours will be paid at the rate of \$55.00 per man-hour. A minimum of 2 hours will be paid on a service call.
2. Travel on maintenance and leak repairs over 100 miles round trip may be billed at 32 cents per mile.
3. Contractor agrees to respond to call within 24-hours unless other arrangements are made with DFCM at time of call. Contractor also agrees to contact DFCM when repairs have been made and inform them of cause of problem and repairs made.
4. Contractor agrees to contact site contact person at time of service call. Failure to make contact at time of service call may result in contractor being removed from rotation list. **Invoice will not be paid if site contact is not made.**
5. At any time roof maintenance work or leak repairs charges will exceed \$500.00 contractor must contact DFCM for verbal authorization to proceed with work. **If prior authorization is not given any amount over \$500.00 will not be paid.**
6. Contractor will meet DFCM on site if contractor is called back for same problem more than once.
7. Contractor agrees to perform maintenance work and leak repairs as recommended by the NRCA and in accordance with system requirements. Contractors found making repairs that are non-compatible with existing conditions will be removed from rotation list.
8. Contractor is entitled to include profit and overhead in the amount of 15%.
9. All invoices will be itemized with the following information. **Invoices missing information will not be paid.**
  - a. The DFCM-assigned repair number
  - b. Man-hours spent on repair
  - c. Travel if over 100 miles round trip.
  - d. Materials used to make repair.
  - e. Description of what caused the leak and what repairs were made.
  - f. The contractor's professional opinion on the life expectancy of the roof repaired.

Please answer following questions.

1. On what types of roofs will you do maintenance work or leak repairs? \_\_\_\_\_
2. In what areas of the State will you respond to this type of work? Check all that apply.  
☐Northern    ☐Northeastern    ☐Central    ☐Southeastern    ☐Southern    ☐Statewide
3. Do you have a full time repairperson in your company?    ☐yes    ☐no  
If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Who should we contact for maintenance or leak repairs? \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print/type name clearly

\_\_\_\_\_  
Date